

Department of Mental Health

“Lives Beyond Limitations”



Fiscal Year 2006



The Department of Mental health logo features four triangles connected to form one triangle. The middle triangle represents the almost 100,000 Missourians served each year by the department. These individuals receive services from the Division of Alcohol and Drug Abuse, which is represented by the Red triangle; the Division of Comprehensive Psychiatric Services, Blue triangle; and the Division of Mental Retardation and Developmental Disabilities, Yellow triangle. The Department of Mental Health is dedicated to providing Missourians affected by mental illness, substance abuse and addictions, compulsive gambling, and developmental disabilities the services they need to live successfully and pursue their dreams.

January 2006

MENTAL HEALTH



Vision

Lives Beyond Limitations

Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities, and alcohol and other drug abuse.

Mission

Working side by side with individuals, families, agencies and diverse communities, the Department of Mental Health establishes philosophy, policies, standards and quality outcomes for prevention, education, habilitation, rehabilitation and treatment for Missourians challenged by mental illness, substance abuse/addiction and developmental disabilities.

Values



All people are accepted and included in the educational, employment, housing, and social opportunities and choices of their communities.



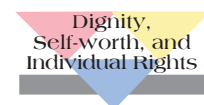
All people can easily access coordinated and affordable services of their choice in their own communities.



All people design their own services and supports to enhance their lives and achieve their personal visions.



All people are valued for and receive services that reflect and respect their race, culture, and ethnicity.



All people are treated with respect and dignity and their rights are ensured by persons providing them with services and supports.



All people live their lives free of, or are less affected by, mental or physical disabilities as a result of our emphasis on prevention and early intervention.



All people determine the excellence of their services and supports based on the outcomes they experience.



All people who provide services and supports are our organizations' most important resources.



All people receive services delivered by staff who are competent in dealing with culture, race, age, lifestyles, gender, sexual orientation, religious practice, and ethnicity.

Missouri Department of Mental Health



Mental Health Commission

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Raytown

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St. Louis

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Organization Overview

Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

MENTAL HEALTH COMMISSION

The Mental Health Commission, composed of seven members, appoints the director of the Department of Mental Health with the confirmation of the state Senate. The commissioners are appointed to four-year terms by the governor, again with the confirmation of the state Senate. The commissioners serve as the principal policy advisers to the department director.

The commission, by law, must include individuals who represent Missourians with mental illness, developmental disabilities, and alcohol and drug abuse problems and who have expertise in general business matters. Current commissioners are listed on page three.

The Department of Mental Health is organizationally comprised of three program divisions that serve approximately 169,000 Missourians annually, excluding clients served through the ADA/SATOP program. They are:

<u>DIVISION</u>	<u>STAFF</u> (Full Time Equivalent FTE)	<u>FY 06 BUDGET</u> (All Sources)
Alcohol and Drug Abuse (ADA)	125.03	\$103,314,426
Comprehensive Psychiatric Services (CPS)	4,433.41	\$369,781,088
Mental Retardation/ Developmental Disabilities (MRDD)	4,270.03	\$444,633,665

Several support units assist the department and division directors in implementing DMH's programs and services. They include:

1. Audit, Licensure, Records Management
2. Comprehensive Children's Mental Health
3. Administration (Human Resources, Finance, and General Services)
4. Disaster Readiness
5. Information Systems
6. Legislative and Public Affairs
7. Medical Affairs
8. Budget
9. General Counsel (Consumer Affairs, Investigations, Regulations, Hearings and Appeals)

DMH makes services available through state-operated facilities and contracts with private organizations and individuals. The state-operated facilities include eight adult inpatient facilities, Missouri Sexual Offender Treatment Center, and two children's psychiatric facilities. In addition, six habilitation centers and 11 regional centers serve individuals with developmental disabilities. The department also purchases services from a variety of privately operated programs statewide through approximately 2,700 contracts managed annually by DMH. The Division of Alcohol and Drug Abuse purchases services from a network of community providers, with one exception: the opioid program at the Paseo Comprehensive Rehabilitation Center, which is a state-operated facility in Kansas City.

If this year in Missouri is like last year:

- ▼ Among the five million Missourians, it is estimated that 1.7 million will have some psychiatric need during their lifetime and 415,000 will have serious need for psychiatric services. Of these, it is estimated that 25-30% falls within our target population. Conservative prevalence estimates (Center for Mental Health Services, CMS 1997) indicate 5.7 percent, or 55,630 adults have a severe and chronic mental illness.
- ▼ Children with Severe Emotional Disturbances (SED), forensic youth and children and youth with acute psychiatric needs are involved in three of the four target populations identified by the division. The 2005 estimated census population of youth under age 18 in Missouri totals 1,426,102. Conservative estimates of prevalence (Center for Mental Health Services, HHS, 1997), indicated seven percent of all children or 99,827 Missouri children experience serious emotional disturbance. Estimates of any psychiatric illness with lesser functional impairment are even higher, from 12 percent to 21 percent. Based on prevalence estimates, 49,914 children were eligible to present for services to the public mental health authority. In FY 2005, only 15,560 children were served, leaving 34,354 children either unserved or underserved.
- ▼ The number of homeless persons in Missouri in 2001 was approximately 87,250. Of that number, 28% have a severe mental illness, 34% are addicted to drugs and alcohol, while 10% have a serious mental illness and a drug or alcohol addiction. The remaining 28% are those with a developmental disability, and/or a physical disability.
- ▼ Approximately 700 Missourians will commit suicide. About 60 will be under the age of 20, while 160 will be over the age of 55.
- ▼ Approximately 13,900 newborns will be exposed to nicotine during their fetal development. In addition, at least 3,000 will be exposed to alcohol, 3,000 to marijuana, and 500 to cocaine. At least 18,000 babies will be exposed to one or more of these drugs during its fetal development.
- ▼ Approximately 461,000 of Missouri's adults will need alcohol or other drug abuse treatment because their substance abuse seriously affects their family, work, community responsibilities, and eventually their health.
- ▼ Approximately 530,000 Missouri children will live in homes where at least one parent needs substance abuse treatment.
- ▼ Methamphetamine abuse is a serious drug problem in Missouri. Methamphetamine treatment admissions in ADA programs will total an estimated 3,900 in FY 2004, and rank fourth in admissions behind alcohol, marijuana, and cocaine.
- ▼ Alcohol, tobacco, and other drug abuse in Missouri will cost \$10 billion in lost work, health care, and other expenditures related to injury and illness and death.
- ▼ Between one and two percent of Missouri's 75,000 new babies will be born with a developmental disability, adding to the approximately 100,000 citizens currently living with developmental disabilities in Missouri. The disabilities of 50 percent of these babies could have been prevented with proper screening, prenatal care, abstinence of the pregnant mother from the use of alcohol and other drugs during pregnancy, diet, and medication.
- ▼ With the legalization of riverboat gambling, calls to the gamblers hotline amount to about 308 per month.

The Department of Mental Health will serve approximately 169,000 of the above Missourians and their families. They will come to us either because they have very limited incomes and must rely on the state for services or because the services they need cannot be found elsewhere.

The potential for these citizens to receive good services to prevent or reduce the effects of their mental health problems is greater now in Missouri than ever before. Medical and rehabilitation technology have greatly increased the array of treatment options.

For example, persons with the most disabling effects of schizophrenia may now be treated with new drugs like Clozaril or Risperidone, which allow those persons to function much more normally than ever before. People with alcohol, drug abuse, and compulsive gambling problems may now receive intensive outpatient services in their communities instead of waiting for one of a limited number of residential treatment slots, and many young mothers can now keep their children with them during the treatment process. A young child born with a developmental disability would once have been institutionalized. That child may now receive medication and diet supplements which will dramatically reduce the disability and allow the child to live at home and attend school.

Individuals and their families today are actively advocating for needed services and are influencing the service delivery system. In addition, counties and communities are playing a much stronger role in designing, funding, and even delivering services in partnership with the state and federal governments.

Division of Alcohol and Drug Abuse (ADA)

OVERVIEW

Alcohol, drug abuse, tobacco, and compulsive gambling affect more than two million Missourians.

The division plans and funds prevention, treatment and rehabilitation programs for alcohol and other drug abuse—a problem that costs the state’s economy an estimated \$6.9 billion a year in lost productivity, health-care expenditures, property damage, and crime. During the last year ADA-funded programs provided treatment or intervention to 72,263 individuals.

The State Advisory Council for ADA and six regional advisory councils make recommendations regarding the types of services needed throughout Missouri. Members of the councils are chosen from consumers of services, substance abuse treatment professionals, and others with an interest in substance abuse treatment and prevention.

The current year operating budget (FY 2006) for the Division of Alcohol and Drug Abuse is \$103,314,426.

ABILITY TO PAY

To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test (SMT) is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his/her family is asked to contribute a portion of the costs based on the family’s ability to pay. Those charges are determined using a table that considers family size and income.

PREVENTION

The current year appropriation (FY 2006) for prevention and education is \$12,708,900.

The mission of the Prevention Unit is to reduce the incidence of adverse outcomes resulting from the use and abuse of alcohol, tobacco, and other drugs. Prevention focuses on impacting factors that put individuals, especially children and youth, at risk for engaging in substance use; included are individual and peer factors, school and family factors, and community and environment factors. Attainment of this mission is operationalized through the five major components of the Division’s prevention system: Community 2000, Missouri Spirit, community-based services for youth and others, regional support centers, and statewide training and resource center. These components combine to create a continuum of prevention services available to all populations and all regions of the state.

Community 2000 (C2000) is a network of volunteer, community teams focusing on reducing the incidence of substance use and abuse in their communities and changing community norms toward substance use by youth and others. Organization and development of Community 2000 teams was initiated in 1987. Each team is composed of local volunteers. Teams receive technical assistance and training from the regional support centers on a variety of topics related to their organization development and to organizing and implementing prevention strategies. A 1998 evaluation of the Community 2000 program concluded that C2000 teams have the potential for making a difference in their communities. There are approximately 200 volunteer groups registered with the C2000 program.

Regional Support Centers (RSC) are the primary source of technical assistance support for the C2000 teams and other local coalitions. The goal of the RSC is to facilitate development of teams capable of making changes in substance use patterns in their community. Each RSC has a mobilizer or prevention specialist who works directly with the teams in his or her area and assists with the development of teams and task forces in communities that desire to develop one. Also, through their tobacco retailer education activities, the RSC play a key role in Missouri’s effort to limit the sales of tobacco products to underage youth.

Missouri SPIRIT is a school-based initiative to test the efficacy of contractor-supported prevention resources grades in grades K-12. Five school districts are participating in the pilot phase. Each district will be implementing evidence-based curricula in elementary, middle, and high-school classrooms. Community-based prevention service providers will assist each district with implementation as well as screening and referring students exhibiting problems behavior.

Community-Based Services for youth and others are prided by community-based nonprofit organizations. These services include programs targeted to youth at high-risk of early use of alcohol and other drugs and replications of model, science-based programs.

The Statewide Training and Resource Center (STRC) conducts a variety of activities and programs on behalf of the Division and the overall state prevention system. The STRC provides resources, training and technical assistance for the RSC and community-based service providers; also, STRC presents a number of statewide, prevention conferences and workshops throughout the year. STRC also operates a consultant resource bank with resources available to the prevention community, administers the Community 2000 mini-grant program and operates the statewide RADAR resource site.

TREATMENT & SERVICES

The Division of Alcohol and Drug Abuse provides services through a network of contractors who operate treatment facilities. The Division monitors these providers and their treatment staffs, who must meet state certification standards.

A wide variety of Division-funded and supported clinical treatment and recovery support services are strategically located throughout the state. Clinical treatment and recovery support services are designed to provide a continuum of services to assist individuals with substance use disorders in achieving and maintaining recovery.

Clinical Treatment Services

The Division has a comprehensive package of individualized services and therapeutic structured activities designed to achieve and promote recovery from substance abuse. These services have three basic levels of intensity and routinely include assessment, individual and group counseling, family counseling, participation in self-help groups, and other supportive measures. Detoxification and residential support services are offered for those who need a safe drug-free environment early in the treatment process.

CSTAR - The Comprehensive Substance Abuse Treatment and Rehabilitation Program (CSTAR) is a unique approach to substance abuse and addiction treatment. It offers a flexible combination of clinical services, living arrangements, and support services that are individually tailored for each client. The CSTAR model was developed by Missouri 's Division of Alcohol and Drug Abuse and is funded by Missouri 's Medicaid program and the Division's purchase-of-service system. In the past, inpatient or residential treatment temporarily removed a person from the problem environment with little or no follow-up care. CSTAR focuses on providing a complete continuum of recovery services, including extended outpatient services, in the community and, where possible, close to home.

CSTAR Women's Treatment Programs - Substance abuse affects women differently than men, both physically and psychologically. Single women, pregnant women, and women with children may enter specialized women's CSTAR treatment programs. These programs provide a complete continuum of treatment services and housing supports tailored to the unique needs of women and children.

CSTAR Alt-Care Program is a specifically designed CSTAR program for female offenders.

CSTAR Adolescent Treatment Programs - Early intervention, comprehensive treatment, academic education, and aftercare are important in averting chronic abuse and accompanying problems that might otherwise follow a young person for a lifetime. The specially trained staffs of adolescent CSTAR programs utilize individual, group, and family interventions.

Opioid Treatment Programs - The Opioid (methadone) Treatment Program (OTP) is designed for medically supervised withdrawal from heroin and other opiate drugs, followed by ongoing treatment and rehabilitation for addiction and related life problems. Missouri's OTP meets federal guidelines for such programs.

Compulsive Gambling - The division provides outpatient treatment services to compulsive gamblers and their families throughout Missouri. Funding comes from casino admission fees. The division also certifies compulsive gambling counselors.

Substance Abuse Traffic Offenders Program (SATOP) - Drinking and driving behaviors have a serious impact on the citizens of Missouri. Each year, thousands of people are injured or killed in alcohol-related crashes, resulting in serious financial impacts on our communities.

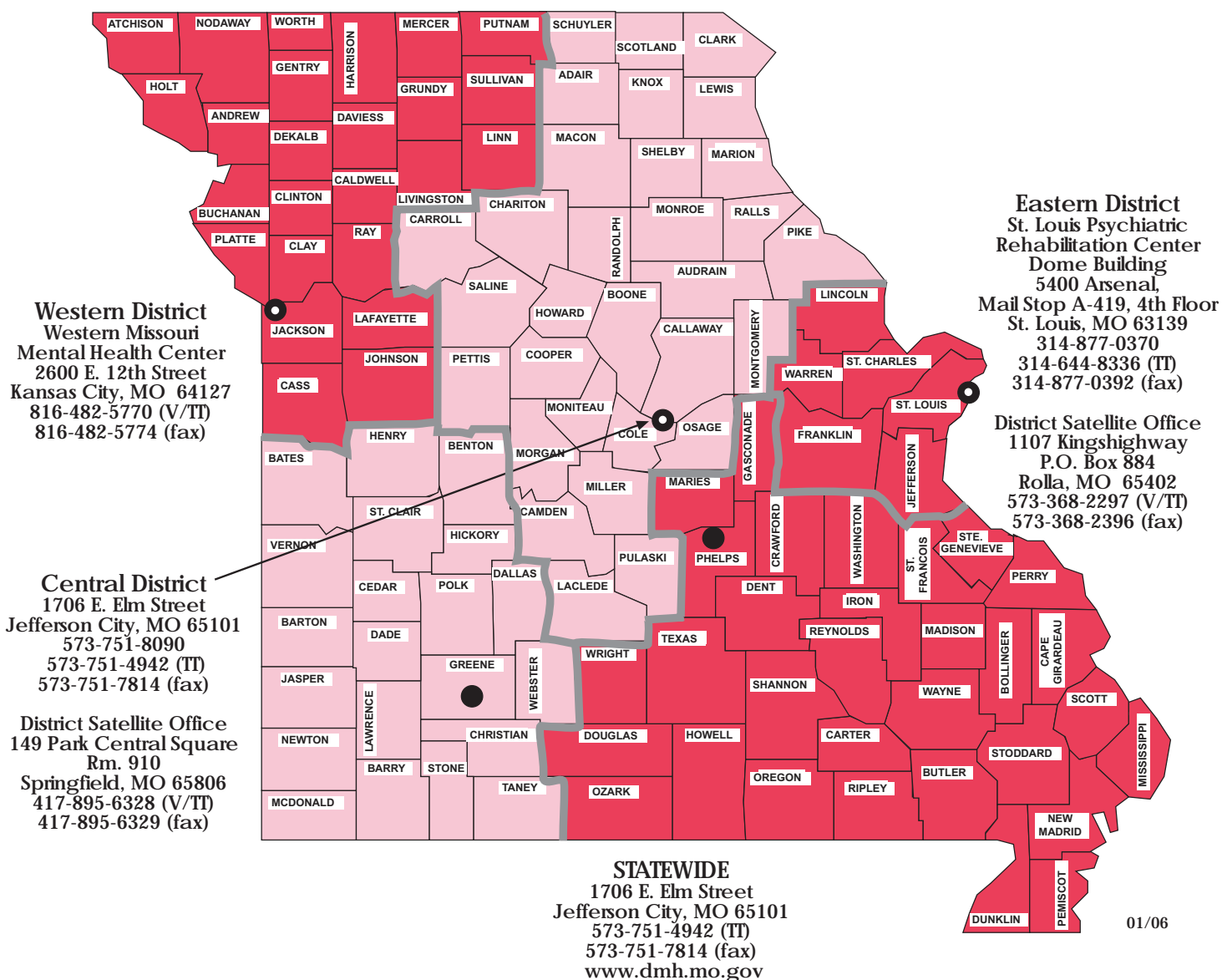
The Department of Mental Health's Division of Alcohol and Drug Abuse certifies programs to provide services to individuals who have had an alcohol- or drug-related traffic offense. The Substance Abuse Traffic Offenders Program (SATOP) serves more than 30,000 DWI offenders annually who are referred as a result of an administrative suspension or revocation of their driver's licenses, a court order, a condition of probation, or a plea bargain. When a person's driver's license is suspended or revoked due to an alcohol-related offense, SATOP is, by law, a required element in driver's license reinstatement by the Department of Revenue.

All SATOP offenders enter the system via an Offender Management Unit. Offenders receive a screening assessment where a review of their driving record, breath alcohol content at the time of their arrest, computer-interpreted assessment, and an interview with a qualified substance abuse professional is conducted. Based upon the information gathered during the screening, an appropriate referral is made to one of several types of SATOP programs.

Oxford Houses - Oxford House is a network of self-run, self-supported recovery houses. Each house is chartered by Oxford House, Inc. In order to be considered for a charter, each house abides by three basic rules. The house evicts anyone who relapses, the house is financially self-sufficient, and the house is democratically run by the members themselves. Oxford House provides a safe, supportive, and secure place to call home. It is a place where individuals can make the behavioral changes necessary to ensure continued sobriety. The division helps foster Oxford House development throughout the state.

Additional information on substance abuse treatment and recovery is available from the Division of Alcohol and Drug Abuse district office serving your area.

Missouri Department of Mental Health Division of Alcohol and Drug Abuse Administrative Districts



01/06

Division of Comprehensive Psychiatric Services (CPS)

OVERVIEW

The Division of Comprehensive Psychiatric Services (CPS) is responsible for assuring the availability of prevention, evaluation, treatment, and rehabilitation services for individuals and families requiring public mental health services. The Division exercises this responsibility by providing services directly through its state-operated facilities and programs and contracting through 25 administrative agents to provide an array of community programs. Additionally the division contracts with private entities for 24-hour residential services for individuals needing that level of care. It is the Division's goal to give priority to people with serious mental illness (SMI), individuals in acute crisis, individuals who are homeless and mentally ill, those committed for treatment by the court system, and children with severe emotional disturbances (SED).

CPS provides an array of services, including evaluation, day treatment, outpatient care, psychiatric rehabilitation, housing, crisis services, and hospitalization as well as evaluation and treatment of persons committed by court order. Eligibility for these services is determined through regional administrative agents designated by the Division.

To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test (SMT) is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his family is asked to contribute a portion of the costs based on the family's ability to pay. Those charges are determined using a table that considers family size and income. Other assets are collected when the client is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care.

The current year (FY 2006 operating) budget for the division is 369,781,088.

CPS STATE FACILITIES

The Division of Comprehensive Psychiatric Services directly operates three long-term and three acute-care facilities. Two additional facilities have both long-term and an acute programs. In addition, the Division operates one children's psychiatric hospital & one children's residential center.

Adult Inpatient Facilities—Intermediate and long-term inpatient care are provided on a regional basis by five state rehabilitation hospitals located in St. Louis, St. Joseph, Fulton, El Dorado Springs and Farmington. These facilities have a combined (FY 2006) budget of \$91,677,428.

Services include general psychiatric care; specialized programs in forensics, inpatient evaluation, and treatment for adults diagnosed with drug and/or alcohol dependence; and brain trauma services.

In addition, there are three psychiatric centers located in St. Louis, Kansas City, and Columbia that provide acute psychiatric care and emergency psychiatric services to persons with mental illnesses. The current year (FY 2006) budget for these centers is \$40,610,393.

Missouri Sexual Offender Treatment Program is a treatment program recently enacted by law for sexually violent predators committed by the courts. It is located in Farmington. The current year (FY 2006) budget for this program is \$8,169,502.

Children's Facilities — The children's facilities provide services for children and youth up to the age of 18 with serious emotional disturbances. The Division operates an acute children's psychiatric hospital—Hawthorn in St. Louis and a residential facility, Cottonwood in Cape Girardeau. These facilities have a combined current year (FY 2006) budget of \$9,857,969. In addition, there are 32 beds dedicated to children & youth in two adult facilities.

**FORENSIC
SUPPORT
SERVICES**

Under Chapter 552 RSMo the Department of Mental Health is statutorily mandated to provide monitoring to forensic clients acquitted as not guilty by reason of mental disease or defect who are given conditional releases to the community by circuit courts. Monitoring is provided by forensic case monitors under the auspices of the Director of Forensic Services. There are 11 forensic case monitors located across the state: three in St. Louis, two in Kansas City, one in St. Joseph, two in Fulton, one in Nevada and two in Farmington. Forensic case monitors must see each forensic client at least monthly to monitor compliance with conditions of release and to ensure public safety.

The Department, upon order of the circuit court, provides pretrial evaluations pursuant to Chapter 552 RSMo. The Department requires that evaluations be completed by certified forensic examiners who must hold doctorate degrees in medicine, osteopathy, or psychology and must complete required supervision and training. Pretrial evaluations must be completed within the 60-day statutory timeline.

The current budget (FY 2006) for forensic support services is \$735,329 for monitoring of those committed to the department but are on conditional release from an inpatient setting. In FY 2005, 439 forensic clients were monitored in the community.

**CHILDREN'S
PROGRAMS**

Fiscal Year 2004 was a historic year in Missouri for children's services. Legislation was passed (SB 1003) which reformed Missouri's children's mental health system. This bill requires that the state have a Comprehensive Children's Mental Health Service System and that the Department of Mental Health, in partnership with other state agencies, develop a plan for the system. This system has been built on the work of the Child and Adolescent Service System Project (CASSP) and continues those values. The goal of the system is as follows: "Every child who needs mental health services and supports from the public mental health system will receive them through a comprehensive, seamless system that delivers services at the local level and recognizes that children and their families come first. Missouri's public mental health services system for children shall be easily accessible, culturally competent, and flexible to individual needs, accountable to those it serves, and shall result in positive outcomes for children and families."

The division continues to work on a fully integrated, community-based system. Through the purchase-of-service mechanism, contracted arrangements are made with local community mental health centers and providers to make available screening, evaluation, psychotherapy, medication services, case management, and crisis services.

The following paragraphs describe some of the services available in communities and funded through the youth community programs appropriation.

Targeted Case Management (TCM)—Services are provided for children already admitted to the system and are aimed at providing support to the children and families, linking the children to the service system, and coordinating the various services they receive. Case managers work with the families, treatment providers, and other child-serving agencies to assist the children in remaining in or progressing toward least-restrictive environments. TCM may include helping to develop a treatment plan; identifying, arranging, and monitoring services; reviewing cases and documenting the progress of children in treatment; and acting as the children's advocates.

Day Treatment—Day treatment offers an alternative form of care to children who have serious emotional disturbances (SED) and who require a level of care greater than can be provided by the school or family, but not as intense as full-time inpatient service. Day treatment may include vocational education, rehabilitation services, individual and group therapies, and education services

Residential Treatment—These services consist of highly structured care and treatment to youth, generally on a time-limited basis, until they can be stabilized and receive care in a less-restrictive environment or at home.

Treatment Family Homes—This service provides individualized treatment within a community-based family environment with specially trained foster parents. It allows out-of-home services for those needing them, but also allows children to remain in their own communities and often in their home school districts.

COMMUNITY PSYCHIATRIC REHABILITATION PROGRAM

Community Psychiatric Rehabilitation (CPR) program provides an array of key services to children with serious emotional disturbances. This is a child-centered approach that emphasizes individual choices and need, flexible services and supports, using existing community resources and natural support systems, and promoting independence and the pursuit of meaningful living, working, learning and leisure time activities in normal community settings. Services include intake/annual evaluations, crisis intervention, case management, community support, medication management and psychosocial rehabilitation.

The Comprehensive Children's Mental Health Service System will continue to support a continuum of care from non-residential (outpatient, day treatment, home-based, and crisis services) and a range of residential services. With the mandate of legislation, the division will be part of a comprehensive system which includes all of Missouri's child-serving agencies to better coordinate and develop a continuum from prevention to treatment as the resources are organized and developed.

ADULT COMMUNITY PROGRAMS

Community Psychiatric Rehabilitation (CPR) program is a consumer-centered approach that emphasizes individual choices and needs; features flexible services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Services include evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. Because CPRP is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible clients. The Division of Comprehensive Psychiatric Services spent approximately \$31.6 million from general revenue for the 40-percent state match in FY 2005.

Targeted Case Management includes the following services: arrangement, coordination, assessment of the individuals need for psychiatric treatment and rehabilitation, as well as other medical, social and educational services and supports; coordination and monitoring of services and support activities; and, documentation of all aspects of case management services including case openings, assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning, and case closure. Because TCM is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible clients. The Division of Comprehensive Psychiatric Services spent approximately \$4.3 million from general revenue for the 40-percent state match in FY 2005.

Community Support Services consist of contractual arrangements made to purchase services from a menu of basic community mental health services from local mental health professional and community mental health centers as defined in sections 630.405 - 630.460 RSMo. 1996.

Residential Services provide a variety of housing alternatives to meet diverse needs of the clients. Funds are used to support the cost of housing services such as nursing facilities, residential care facilities, group homes and supported housing. As defined in sections 630.605 - 630.660 RSMo. 1996, contractual arrangements are made to obtain these residential services in the community. As individuals move into more normalized housing alternatives, they require intensive and flexible services and supports in order to maintain that housing. Provisions of these services and supports will enable these individuals to successfully live and work in their communities.

Examples of some of the residential services included are:

Intermediate Care Facilities Home Type I/II—an intermediate care facility is a long-term care facility licensed as such by the Division of Aging. This facility type serves an adult population of the general public, as well as people who are mentally ill and mentally retarded/developmentally disabled. The client is provided room, board, personal attention and nursing care in accordance with his/ her condition, individualized treatment planning and protective oversight and supervision.

Residential Care Facility I—a residential care facility is a long-term care facility licensed as such by the Division of Aging and may also be licensed by the Department of Mental Health. This facility serves an adult population of the general public, as well as people who are mentally ill and mentally retarded/developmentally disabled. Although these are considered long-term care facilities, it is expected that the client be encouraged and assisted in developing self care skills which would qualify him/her for a less restrictive treatment setting. The following services shall be provided by the contractor: room, board and routine care; participation in individualized treatment/habilitation plan authorized by the department to be carried out by the contractor; medication supervision and transportation which includes annual physicals, medical emergencies, recreation activities, routine shopping trips for clothing and personal items and routine medical care.

DIVISION OF CPS ADMINISTRATIVE AGENTS

Area 1

Family Guidance Center, 510 Francis St., #200, St. Joseph, MO 64501-1706; 816-364-1501

Affiliated Center: Community Recreation and Resocialization, Inc., 525 S. 10th Street, St. Joseph, MO 64501; 816-233-0430

Counties served: Atchison, Nodaway, Holt, Andrew, Buchanan, Clinton, DeKalb, Gentry, Worth

Areas 2-5

2. Truman Medical Center Behavioral Health, 2211 Charlotte, Kansas City, MO 64111; 816-404-5700

3. Swope Parkway Health Center, 3801 Blue Parkway, Kansas City, MO 64130; 816-922-7645; 800-735-2966 (TT)

4. ReDiscover, 901 NE Independence Avenue, Lee's Summit, MO 64086; 816-246-8000

5. Comprehensive Mental Health Services, 10901 Winner Road, P.O. Box 520169 Independence, MO 64052; 816-254-3652 800-735-2966 (TT) County served: Jackson

Area 6

Tri-County Mental Health Services, 3100 NE 83rd St., Kansas City, MO 64119; 816-468-0400; 800-955-8339 (TT) Counties served: Platte, Clay, Ray

Area 7

Pathways Community Behavioral Healthcare, Inc., 520C Burkhardt Road, Warrensburg, MO 64093; 660-885-8131
Counties served: Lafayette, Johnson, Cass

Area 8A

Clark Community Mental Health Ctr., 307Fourth St., P.O. Box 285 Monett, MO 65708; 417-235-4120 Counties served: Barry, Lawrence, Dade

Area 8B

Pathways Community Behavioral Healthcare, Inc., 1800 Community Drive, Clinton, MO 64735; 660-885-8131 Counties served: Bates, Vernon, Henry, St. Clair, Cedar, Benton, Hickory

Area 9

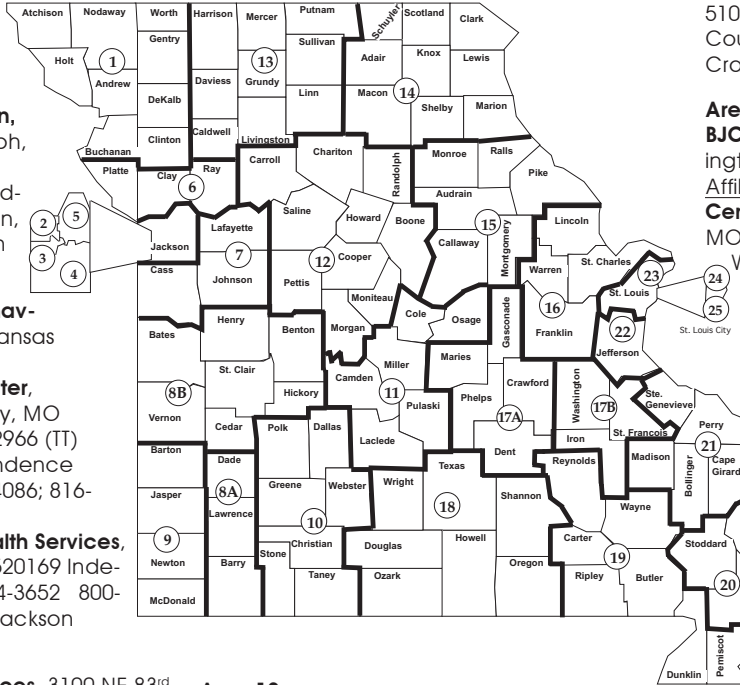
Ozark Center, 3006 McClelland, P.O. Box 2526, Joplin, MO 64803; 417-781-2410 800-735-2966 (TT) Counties served: Barton, Jasper, Newton, McDonald

Area 10

Burrell Behavioral Health, 1300 Bradford Parkway, Springfield, MO 65804; 417-269-5400 417-269-7209 (TT) Counties served: Greene, Christian, Stone, Taney, Webster, Dallas, Polk

Area 11

Pathways Community Behavioral Health Care, Inc. 1905 Stadium Blvd. P.O. Box 104146, Jefferson City, MO 65110-4146; 573-634-3000
Affiliated Center: New Horizons Community Support Services, 2013 William St., Jefferson City, MO 65109 573-636-8108
Counties served: Cole, Osage, Miller, Camden, Laclede, Pulaski



Area 12

University Behavioral Health Services, 601 Business Loop 70 W., Suite 202 Columbia, MO 65201; 573-884-1550, 573-884-1012 (TT)
Affiliated Center: New Horizons Community Support Services, 1408 Hathman Place, Columbia, MO 65201 573-443-0405 Counties served: Carroll, Chariton, Randolph, Howard, Pettis, Cooper, Boone, Moniteau, Morgan, Saline

Area 13

North Central Missouri Mental Health Center, 1601 East 28th, Box 30, Trenton, MO 64683; 660-359-4487 Counties served: Harrison, Mercer, Putnam, Daviess, Grundy, Sullivan, Caldwell, Livingston, Linn

Area 14

Mark Twain Area Counseling Center, 105 Pfeiffer Avenue, Kirksville, MO 63501 660-665-4612
Affiliated Center: Preferred Family Healthcare, Inc., 900 LaHarpe, Kirksville, Mo 63501 660-665-1962. Counties served: Schuyler, Scotland, Clark, Adair, Knox, Lewis, Macon, Shelby, Marion

Area 15

Arthur Center, 321 West Promenade, Mexico, MO 65265; 573-582-1234
Affiliated Center: Comprehensive Health Systems, Inc., Hwy 61& Rte HH, P.O. Box 468, Hannibal, Mo 63401, 573-248-1372. Counties served: Monroe, Ralls, Audrain, Pike, Montgomery, Callaway

Area 16

Crider Center, 1032 Crosswinds Ct., Wentzville, MO 63385; 636-332-8000 Counties served: Lincoln, Warren, Franklin, St. Charles

Area 17A

Pathways Community Behavioral Healthcare, 1441 Forum Drive, P.O. Box 921, Rolla, MO 65402; 573-364-7551

Affiliated Center: Mineral Area CPRC, P.O. Box 510, Farmington, MO 63640, 573-756-2899.
Counties served: Gasconade, Maries, Phelps, Crawford, Dent

Area 17B

BJC Behavioral Health, 1085 Maple St., Farmington, MO 63640; 573-756-5353

Affiliated Center: SEMO Community Treatment Center, 528 E. Main St., P.O.Box 506, Park Hills, MO 63601, 573-756-5749. Counties served: Washington, St. Francois, Iron

Area 18

Ozark Medical Center, 909 Kentucky, West Plains, MO 65775; 417-257-6762 417-257-5868 (TT)

Counties served: Wright, Texas, Shannon, Douglas, Ozark, Howell, Oregon

Area 19

Family Counseling Center, 925 Highway VV, P.O. Box 71, Kennett, MO 63857; 573-888-5925
Counties served: Dunklin, Pemiscot, Reynolds, Carter, Ripley, Wayne, Butler

Area 20

Bootheel Counseling Services, 760 Plantation Blvd., P.O. Box 1043, Sikeston, MO 63801; 573-471-0800
Counties served: Stoddard, Scott, Mississippi, New Madrid

Area 21

Community Counseling Center, 402 South Silver Springs Road, Cape Girardeau, MO 63703; 573-334-1100
Counties served: Ste. Genevieve, Cape Girardeau, Perry, Bollinger, Madison

Area 22

Comtrea Community Treatment, Inc., 227 Main St., Festus, MO 63028; 636-931-2700
County served: Jefferson

Areas 23-25

23. BJC Behavioral Health Services, 1430 Olive, Suite 500 St. Louis, MO 63103; 314-206-3700, 314-206-3837 (TT)
BJC Behavioral Health (North Site) 3165 McKelvey Rd. Suite 200. Bridgeton, MO 63044-2550; 314-206-3900
BJC Behavioral Health (South Site) 343 S. Kirkwood Rd., Suite 200, Kirkwood, MO 63122-6915; 314-206-3400

24. Hopewell Center, 1504 S. Grand, St. Louis, MO 63104; 314-531-1770

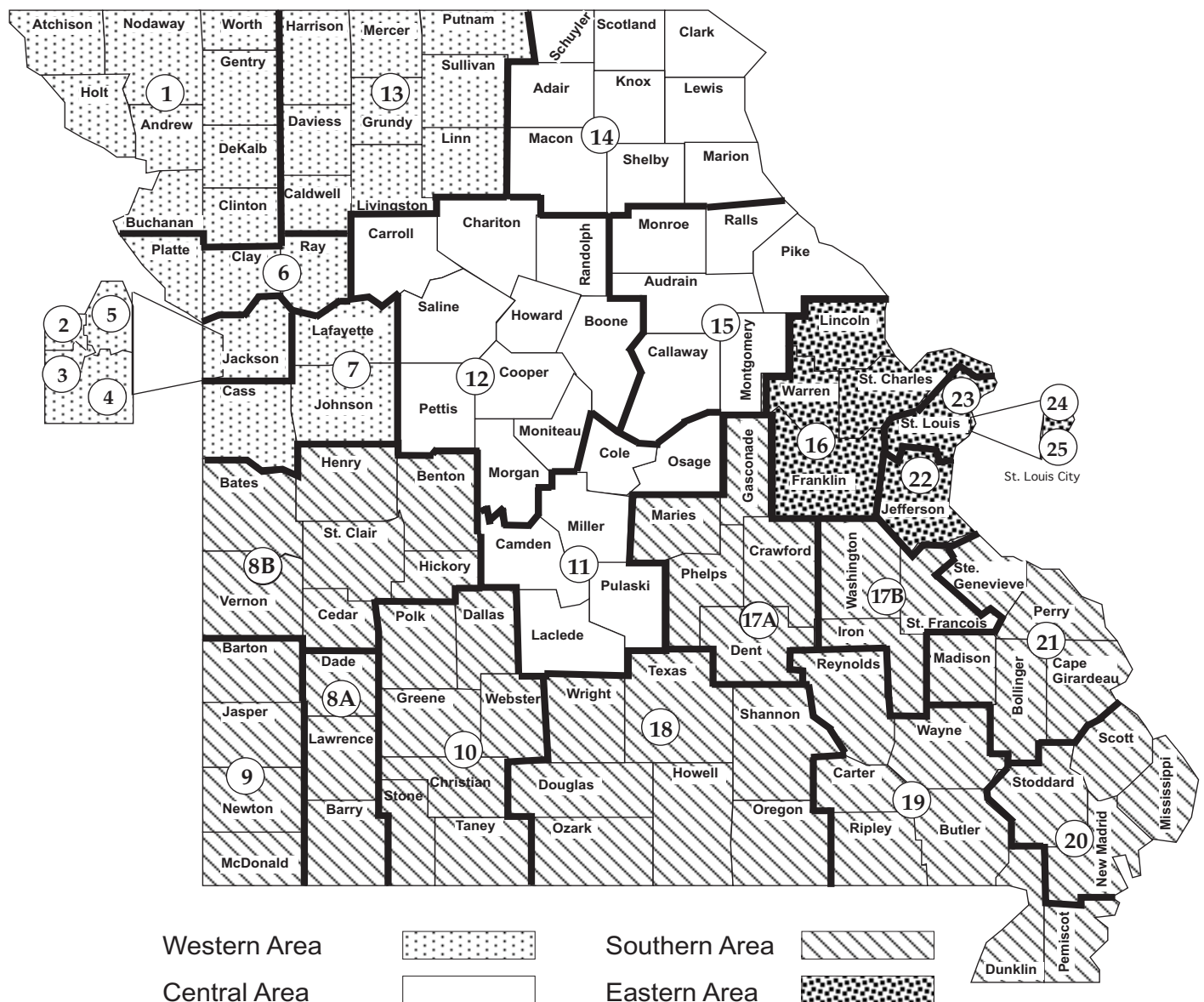
25. BJC Behavioral Health Services, 1430 Olive, Suite 500 St. Louis, MO 63103; 314-206-3700, 314-206-3837 (TT)
Affiliated Centers: Places for People, Inc., 4120 Lindell Blvd., St. Louis, MO 63108; 314-535-5600

Independence Center, 4380 W. Pine Blvd, St. Louis, MO 63108; 314-533-4380
ADAPT Institute of MO, 2301 Hampton, St. Louis, MO 63139; 314-644-3111
Counties served: St. Louis City, St. Louis Cnty

MISSOURI DEPARTMENT OF MENTAL HEALTH

Division of Comprehensive Psychiatric Services

CHILDREN'S Service Areas



09/05

Western Area Director

Bonnie Neal
2600 E. 12th St.
Kansas City, MO 64127
816-482-5733
Fax: 816-482-5728
bonnie.neal@dmh.mo.gov

Central Area Director

Beth Ewers-Strope
1706 E. Elm St.
Jefferson City, MO 65101
573-751-8028
Fax: 573-751-7815
beth.strope@dmh.mo.gov

Southern Area Director

Betty Turner
1903 Northwood Dr., Ste. 4
Poplar Bluff, MO 63901
573-840-9275
Fax: 573-840-9191
betty.turner@dmh.mo.gov

Eastern Area Director (Interim)

Marcia Perry
5400 Arsenal, MS A413
St. Louis, MO 63139
314-877-6201
Fax: 314-877-0392
marcia.perry@dmh.mo.gov

Division of Mental Retardation and Developmental Disabilities (MRDD)

OVERVIEW

The Division of Mental Retardation and Developmental Disabilities serves persons who have been diagnosed with mental retardation, cerebral palsy, epilepsy, head injury, autism, or a learning disability related to a brain dysfunction. These mental or physical impairments must be manifested before the age of 22, be likely to continue indefinitely, and result in substantial functional limitations. The Division's primary mission is to support persons with developmental disabilities through programs and services that enable those persons to live independently and productively, given their individual needs and capabilities. Services and supports the division funds or provides include case management, evaluation, habilitation, and rehabilitation services.

The Division provides case management services through eleven (11) regional centers around the state, and multiple county-based boards, funded with Senate Bill 40 dollars on a county basis. Additionally, the Division has contractual arrangements and oversight responsibilities with programs and facilities funded, licensed, or certified by the Department of Mental Health. In addition, the Division has six habilitation centers where persons with severe developmental disabilities reside.

People of all ages who have developmental disabilities are eligible for Division services. Eligibility is determined by the Division's 11 regional centers, which evaluate an individual's situation in light of state law (Sec. 630.005, RSMo).

The cost of services is determined by a Standard Means Test (SMT), a tool used to determine if the individual or family (in the case of a minor child) is financially able to pay a portion of the costs. Charges are determined using a table that evaluates family size, income, and the type of service. However, many other resources, especially third-party payments, also must be used to cover costs. Some Medicaid services also may have a co-payment.

COMMUNITY-BASED SERVICES

The Division provides support services to individuals with developmental disabilities and their families designed to:

- encourage active participation in planning and directing services and supports;
- provide support in meeting their most important needs;
- keep families together (for as long as the individual and family chooses);
- maximize limited resources; and
- help individuals and families connect with one another and with their communities to encourage their full participation in all aspects of home, school, work, and community life.

The division's philosophy is based on a set of principles that say, "Families are the most important support network for all people, including individuals with developmental disabilities. One of the best ways to support individuals with developmental disabilities is to support and empower their families – to work with them to identify their most important needs and find the most cost-effective way to meet those needs. At the same time, we must support and empower youth and adults with developmental disabilities to begin making their own decisions so they will be able to direct their own services and supports at the appropriate time in their lives."

The service system is a partnership of consumers, families, community members and organizations, the Division of MRDD, Senate Bill 40 Boards, MRDD contracted service providers, and advocacy entities. Through case management, and based on individual needs, persons are referred or linked to a variety of other services and supports administered by other state agencies. These agencies include but are not limited to, Division of Comprehensive Psychiatric Services, Division of Medical Services (the Medicaid agency), Family Support Division, Children's Services Division, Bureau of Special Health Care Needs, Division of Senior Services, and Division of Vocational Rehabilitation.

The Division contracts for a variety of services and supports for people with disabilities and their families. This array of services meets lifetime needs of people with disabilities. Examples of services include early childhood intervention, therapies, skill training, vocational training, recreational, and residential supports. Specialized services necessary to meet an individual's needs, may be purchased by the division within the limits of its appropriation. The division often assists individuals in accessing other supports and services persons without disabilities also need that are available from other state and federal programs when the individual qualifies for those programs. This may include educational services, Medicaid funded services, food stamps, or housing assistance. Emphasis is placed upon providing the service or support in a manner typical for the person's community, i.e., through generic rather than specialized providers when possible.

Of the 27,882 people receiving services through the Division, approximately 26,507 live in some type of community setting. They may live with their family; with relatives who receive family support services; or in their own homes, either alone or with one or two others who receive individualized supported living (ISL) services. Other types of community residential living arrangements include foster homes, group homes, residential care centers, and community-based ICFs-MR. The Division receives approximately \$295.5 million for community programs (including Federal authority for Medicaid payments).

Regional Centers - Based in 11 principal sites and supported by numerous satellite locations, the regional centers are the entry point into the service system. Each center serves from three to 15 counties. Staffed by case managers and support personnel, the centers perform intake activities which help to determine if an individual is eligible for services. When a person is found eligible for services in accordance with state law and regulation, the individual and family, in partnership with the casemanager, works to identify needed services or supports. These services and supports are documented in a person-centered plan that describes what is needed, how the service/support will be obtained, and the method by which the effectiveness of the service or support will be measured.

When developing and implementing person centered plans, the Division strives to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. The 11 regional centers serve approximately 26,507 people annually with a total budget of approximately \$30.8 million.

Home and Community Based Waiver Programs and Services - In order to provide support services (nonresidential services) and its community placement (residential services) programs, the Division uses general revenue funds to match federal dollars to pay for services through Medicaid. The Division administers three Medicaid Home and Community-Based Services (HCBS) Waiver Programs for persons who have mental retardation and developmental disabilities: The Comprehensive Waiver, Community Support Waiver, and The Sarah Jian Lopez Waiver. These waivers are the primary funding source for services for individuals who are Medicaid eligible and are determined to require an institutional level of care.

Comprehensive Waiver - The Comprehensive Waiver began in FY'1989. The primary service this waiver provides that is not available in the Community Support or The Sarah Jian Lopez Waiver is residential habilitation and Individualized Supported Living Services, which are both residential support services. The Comprehensive Waiver does not have an individual cap on the amount of services an individual may receive annually through the waiver. The person must meet ICF/MR level of care and must be at risk of entering an ICF/MR facility if services are not provided.

In FY 2005, the Division expects to serve approximately 7,500 people through this waiver at an average daily cost of \$84. Although this waiver can provide residential support services, not every participant accesses those services. An estimated 31 percent of these individuals live with their families and receive support services so they may continue to live at home, 33 percent of these people will be supported in individualized supported living arrangements, and another 36 percent will receive services in group home settings.

Sarah Jian Lopez Waiver -The Sarah Jian Lopez Waiver is a Medicaid model waiver administered by the division since FY'1995. Medicaid guidelines require parental income and resources to be considered in determining the child's financial eligibility for Medicaid when the child lives in the home with the parents. This requirement, called deeming parental income to the child, is waived for children who participate in the Sarah Jian Lopez waiver. The waiver provides participants eligibility for all State plan Medicaid services in addition to waiver services. Children (under the age of 18) must be determined to have a permanent and total disability, determined to meet ICF/MR level of care, and must be at risk of entering an ICF/MR facility if services are not provided.

No more than 200 children can be served in the Sarah Jian Lopez waiver at any one time. The average cost of waiver services per participant in FY'05 was approximately \$7,550.

Community Support Waiver - The Community Support Waiver began in July 2003, for persons who have a place to live in the community, usually with family. However, the family is unable to provide all of the other services and supports the person requires, which may include 24-hour care or supervision, seven days a week. The total cost of waiver services required to meet the person's needs must not exceed \$20,000 annually. The person must meet ICF/MR level of care and must be at risk of entering an ICF/MR facility if services are not provided.

In FY'05, approximately 808 individuals were served in the Community Support Waiver at an average cost of \$5,360.

Services available through MRDD HCBS Waivers

Comprehensive	Community Support	MOCDD (Sarah Lopez)
Personal Assistance	Personal Assistance	Personal Assistance
Day Habilitation	Day Habilitation	Day Habilitation
Respite Care	Respite Care	Respite Care
Transportation	Transportation	Transportation
Community Specialist	Community Specialist	Community Specialist
Environmental Accessibility Adaptations	Environmental Accessibility Adaptations	Environmental Accessibility Adaptations
Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies	Specialized Medical Equipment and Supplies
Crisis Intervention	Crisis Intervention	Crisis Intervention
Behavior Therapy	Behavior Therapy	Behavior Therapy
Communication Skills Instruction	Communication Skills Instruction	
Counseling	Counseling	
Physical Therapy	Physical Therapy	
Speech Therapy	Speech Therapy	
Occupational Therapy	Occupational Therapy	
Supported Employment	Supported Employment	
Individualized Supported Living		
Residential Habilitation		

Choices for Families - When families maintain members with disabilities at home, they are often confronted with challenges related to the disabilities and the resulting physical/behavioral components. These families face increased and long-term financial responsibilities; the lack of service/support providers in reasonable proximity to their homes; or the lack of knowledge, expertise, and physical capabilities to meet the treatment needs their family member requires.

Choices for Families provides funding to help meet the needs of family members with disabilities who live at home. The program works in two ways: Families pay for items and services and then submit receipts for reimbursement to their regional centers, or the families obtain vouchers from the regional centers to obtain items or services from vendors who then submit the voucher to the regional center for payment. In either case, the families choose their own providers and dictate the manner in which the services will be provided to meet their particular needs. Choices for Families can be used for many family support services for which there may not be a suitable contracted provider.

Autism Services - Autism is a multifaceted disorder that can affect an individual's behavioral, educational and daily living capabilities. Although autism is a defined behavioral syndrome, it is not a disease with a single cause, and in many cases, a specific cause may remain unknown.

The Division funds consumer-driven autism projects that served approximately 757 families in Central Missouri, 295 families in Southeast Missouri, 287 families in Northwest Missouri, 390 families in Southwest Missouri and 236 families in Eastern Missouri in Fiscal Year 2004. The division receives \$3,000,659 for the autism projects. The approximate average cost of services is \$1,629 per family.

**STATE-
OPERATED
SERVICES**

Habilitation Centers - The primary mission of the Division's six habilitation centers is to provide residential services, direct care support, and treatment services to people who cannot be supported in other residential settings in the community. Each resident of the habilitation center has an individual plan that identifies services and supports needed to live successfully in the habilitation center or to return to the community.

The Division operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and habilitation centers in Nevada, Higginsville, and Marshall. These facilities are certified as intermediate care facilities for persons with mental retardation (ICFs-MR) and receive federal Medicaid matching funds. The six habilitation centers are receiving approximately \$92.7 million in FY 2006. In FY'2005, approximately 1,200 individuals were served in habilitation centers.

**INTER-
GOVERN-
MENTAL
AGREEMENTS**

The past few years have brought about unprecedented cooperation between Senate Bill 40 boards and the Division. Because most S.B. 40 County Boards provide or procure services for Division-eligible consumers, many of the boards have entered into specialized contracts with DMH. These contracts allow:

- The boards and division to plan together to avoid duplication of programs; The boards to provide certain administrative functions within the HCBS waiver programs for residents of their county;
- The use of S.B. 40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited; and
- Some S.B. 40 Boards provide case management services.

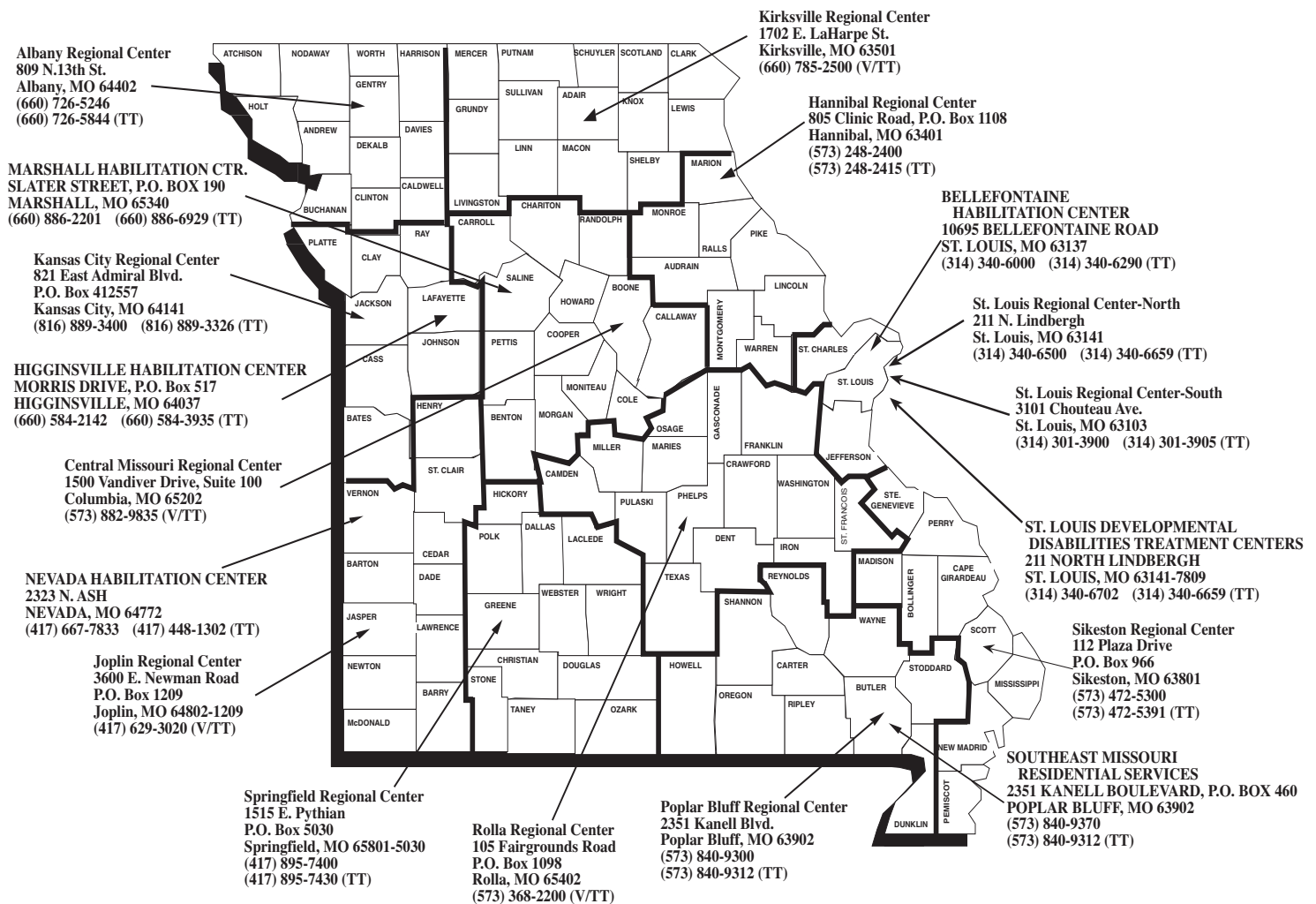
**MISSOURI
PLANNING
COUNCIL FOR
DEVELOP-
MENTAL
DISABILITIES**

The Division receives federal developmental disabilities funds to enhance the planning for coordination and delivery of services to the state's citizens with developmental disabilities. The funds are administered by the Division and used to support the activities of the Missouri Planning Council for Developmental Disabilities, a 22-member volunteer council appointed by the Governor. The Missouri Planning Council strives to create new realities, identifies research issues, and tries new and innovative ways to generate change in the service system.

The Missouri Planning Council's plan provides for

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.

REGIONAL CENTER AND HABILITATION CENTER SERVICE REGIONS



12/04





Missouri Department of Mental Health
1706 East Elm St., P.O. Box 687
Jefferson City, MO 65102
573-751-4122 or 1-800-364-9687
573-526-1201 TT • 573-751-8224 Fax

<http://dmh.mo.gov>

The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, religion, national origin, disability or age of applicants or employees.